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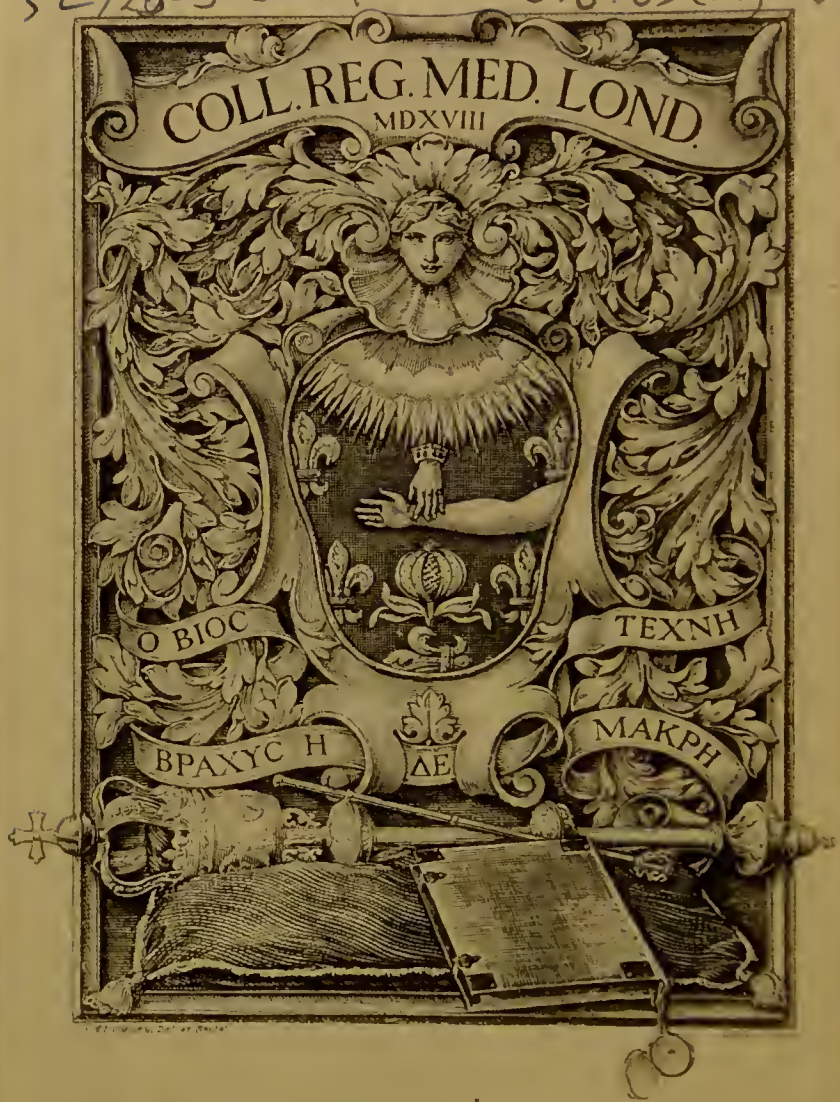

HINTS

ON

INSANITY.

BY

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PREFACE.

THE following Hints have been thrown together with the hope that they may be found useful to those medical men who have had no opportunity during their professional education of becoming practically acquainted with Insanity, and whose time is too much occupied to permit them to make a special study of a disease which they are seldom called upon to treat. They are the impressions left upon my mind from a personal acquaintance with upwards of four thousand insane persons, both in public and private asylums, during the last seventeen years, and, together with the directions as to filling up certificates, &c., seem to me to comprise the principal points with which medical men should be familiar. What I have said in favour of private asylums is from an honest

conviction of its truth, unbiassed by any personal consideration, for I have no proprietary interest in the private asylum with which I am at present connected.

JOHN MILLAR.

Bethnall House Asylum,
Cambridge Heath,
London, Jan. 1861.

CONTENTS.

	PAGE
General View of Insanity	1
Typical Case	4
Importance of Early Treatment	6
Classification	8
Diagnosis	9
General Treatment	11
Importance of Rest	12
Importance of Food	14
Case showing its Advantage	15
Acute Mania	17
Ordinary Mania	19
Case with Complication	19
Melancholia	22
Suicide	26
Recurrent Mania	29
Puerperal Mania	30
Mania from Amenorrhœa	32
Hallucinations	34
Masturbation	37
General Paralysis	40
Epilepsy	46
——— Case of	50
Dipsomania	52
On the Prevention of Insanity	54
General Remarks on Visiting Patients—Removal to Asylum—Advantages and Disadvantages of—Which Class to be removed	

PAGE

Disposition of Property—Law a bar to early Treatment—Objection to Certificates . . 58

On Asylums, Public Hospitals, County Asylums, Private do. On the Forms of Admission to—The Form for Private Asylums—On the Order—Medical Certificates—Who not to sign—Omissions in—Facts indicating Insanity—Examples of insufficient Facts—Vague Facts—Good Facts 68

Conclusion 86

APPENDIX.

A.—Instructions of Commissioners in Lunacy with reference to Single Patients . . 89

B.—On the Removal or Transference of Patients 92

C.—Wandering Lunatics, those not under proper Care and Control 93

D.—Form of Certificates for Admission into Private Asylums in Scotland . . . 95

E.—Form of Certificates for Admission into Private Asylums in Ireland . . . 98

F.—Form of Certificates for Admission into District Asylums in Ireland . . . 100

HINTS ON INSANITY.

Insanity throughout its various modifications is generally recognised, even before professional assistance is sought for; and, in this respect, it differs materially from the mass of cases which the medical practitioner is called upon to treat. Indeed, its presence is almost invariably so obvious, that while the aberrations which furnish evidence of the disease are as Protean as the features and dispositions of our race, yet no special qualification seems to be required, save in exceptional cases, for determining the fact of its existence.

In carrying out the object I have in view, it will be unnecessary for me to offer any psychological definition of Insanity. On this point the ablest men have failed; and, fortunately, such failure has no practical bearing whatever upon the diagnosis or treatment of

the disorder. It is enough for me to observe that, according to the opinions entertained by the most eminent physiologists, "the clearness and distinctness of our ideas depend on the intensity of the organic actions of the grey globules or nucleated corpuscles of the brain." If, then, the manifestation of mind be dependent upon the evolution of some power by the brain, it follows that the normal development of this power in any sane person must also be dependent upon the maintenance of those conditions which are requisite for the healthy action of the brain; and any disturbance of those conditions must operate through the organ upon the power, and so affect the healthy manifestation of mind. Now the brain, like other organs of the body, is subject to waste and disintegration of tissue, in proportion to its functional activity, and requires a period of rest or cessation from action to enable it to repair the waste, and continue to perform its customary functions. Like other organs of the body also, its healthy condition is best maintained by exercise alternating with rest. Hence, as we almost invariably find that the attack of insanity is preceded by an interference with these conditions, indi-

cated by continuous and uninterrupted action of the mind, without sleep, I am of opinion that mental aberration in such cases is merely a symptom of an exhausted condition of the power; in fact, a functional derangement. In no other way can I satisfactorily account for the beneficial results attendant upon the employment of those remedies which procure sleep or rest to the brain, or for the effect which follows the administration of a full and liberal supply of nutritious food to the insane; nor can I in any other way explain the reason of the utter absence of any constant recognisable pathological change in the substance of the brain of those who die whilst suffering from mental alienation.

That I do not attach more importance to sleep, or rather rest, than it deserves, is evident from its universality; for no living thing, whether plant or animal, can remain in a healthy state without its period of repose,—a period which, in man, appears to occupy about one-third of his existence.

That insanity is, in many instances, merely a functional derangement, may be gathered from the following case, which may be taken as a type.

Case.—A merchant in business having a large family dependent upon his exertions for their support, suddenly finds his affairs seriously involved by the failure of some speculation in which he had embarked, or of some firm in which he trusted, and he is at once reduced from affluence to poverty. Such an event must necessarily produce in any mind a powerful feeling of regret and grief, both from the altered circumstances in which the party finds himself and from the sudden blight upon the prospects of his family. He is now, not only unable to banish the fact of his reduced position from his mind, but so constantly does it haunt him, that sound and healthy sleep becomes an impossibility. This loss of sleep, together with the injurious effect of emotion upon the secretions—so well marked in its effect upon the salivary, lachrymal, and mammary glands—disturbs his digestion and his appetite becomes impaired. Unable to take the accustomed quantity of solid food, he now flies to stimulants, which afford some temporary relief—but of the most dangerous kind—to the harassed feelings, for they only excite the already overtaxed brain to increased action, to be sunk when the temporary stimulation

has passed off to a lower ebb than before. A source of positive relief injudiciously taken without food is thus often set down as the cause of the malady. If no improvement take place in his circumstances, from want of food and rest he becomes daily worse, until the brain, thoroughly exhausted, cannot keep up a sufficient action to enable the mind to maintain a correct judgment of passing events, and insanity is the result. Whether the attack will assume the form of acute mania, ordinary insanity, melancholia, or any intermediate condition, will depend much upon the intensity of the exciting cause and the previous habit and condition of the patient as regards health, temperament, and hereditary predisposition.

The various aberrations which insanity may present will, as a rule, afford no special indication as to the cause of the disease, or the course of treatment to be pursued; because, "as every person of sound mind has some peculiarity to distinguish him from his neighbour, which constitutes his individual character, so, in the same way, when a man becomes insane, his peculiarity is maintained," though at times exhibited in a complementary or opposite form. In every case the antecedents are the

same, and we have the invariable sequence of a depressing emotion so occupying the attention as to prevent sleep—and continued action of the mind, together with the want of sleep, producing exhaustion and mania.

The importance, then, of having constantly in view the necessary relation of the conditions above referred to, in those who are known to have been recently exposed to depressing emotions, either from pecuniary losses, domestic affliction, or other causes (more especially if there is any hereditary taint), cannot be too strongly insisted on; for in such a state of affairs we may feel assured that if the brain cannot obtain rest, and the mind be therefore kept in continuous action for an indefinite length of time, an attack of mania must supervene.

It is most desirable, therefore, that even the public in general should be fully alive to the vast importance of sleep for those who are engaged in the struggle for position and existence; and also to the dangerous influence which the want of it exerts in producing constitutional disturbance and mental derangement. Medical men would then be consulted oftener than they now are upon this appa-

rently trifling point; and, instead of being sent for after the disease has become fully developed, merely to sign a certificate of lunacy, they would be enabled, in a great majority of cases, to avert so terrible a calamity, and save most of those valuable lives which are now sacrificed during incipient insanity by suicide. There is abundant statistical evidence to prove that the recoveries of patients whose disorders arise from functional derangement, and who are admitted to asylums within the first year of their attack, amount to 60 or 70 per cent.; and it is perfectly well known that this result is due entirely to early treatment. If, then, success bear a direct ratio to the shortness of the duration of the attack before being subjected to treatment, it follows, as a necessary consequence, that the disorder itself would be cut short, or possibly averted, by the early treatment of its cause. Let it be remembered, that insanity is not—like scarlet fever, measles, or small-pox—incapable of being arrested when once it has set in; but, as I have shown, it becomes developed by slow degrees, gives ample warning of its approach, and is the inevitable result of an infringement of well-known laws. An American writer has truly observed, that

"notwithstanding strong hereditary predisposition, ill-health, loss of kindred and property, insanity rarely results unless the exciting causes are such as to occasion loss of sleep. A mother loses her only child, a merchant his fortune; the politician, the scholar, the enthusiast, may have their minds powerfully excited and disturbed, yet if they sleep they will not become insane."

CLASSIFICATION OF THE DISEASE.

For practical purposes, I consider that all the cases of mental derangement which the general practitioner is likely to meet with may be divided into two great classes:—

1. That in which the disorder may be considered as the result of functional derangement; and,

2. That in which it is dependent upon organic change for its origin.

As the former class is for the most part curable, and the latter not so amenable to treatment, it becomes a matter of considerable importance to be able easily to recognise to which of these classes the disorder belongs; for this determination will not only regulate the prognosis and treatment of the disease,

but also will materially affect the future prospects and social position of the patient.

In a pecuniary point of view, also, this early determination of the character of the disease becomes important, for it may serve to decide whether a business is to be carried on in the hope of recovery, or realized at once, to prevent ultimate loss.

DIAGNOSIS OF FIRST CLASS.

Careful inquiry into the history of the case will for the most part render the diagnosis tolerably easy, for if we find the disorder first showing itself after severe domestic affliction, loss of property, disappointments, long watching; anxieties, either as to the health of friends or business; great mental exertion, excessive study, the puerperal state, amenorrhœa, or any emotion or disorder likely to exert a depressing influence, and accompanied by loss of sleep, the case may be looked upon as of a favourable character. But before any positive opinion can be given, it will be well to make inquiry as to the existence of any hereditary taint, on account of the influence which it exerts over the predisposition, duration, and form of the disorder. With this taint, the attacks are

more readily indueed, their duration more uneertain, and they frequently assume that intractable form—viz., reeurrent mania.

In this inquiry, however, the greatest difficulties will be experieneed in getting at the truth, unless reeourse can be had to some friend who knows the family; for there is no point upon whieh persons in every station of life are more desirous of eoneealment, and relatives are always ready to deny the existenee of a family taint. They will admit, perhaps, that some relative has been a little odd—nothing more than that; one has only had an attaek of brain fever, another delirium after her eonfinement, which, say they, goes for nothing; or perhaps it will be found that some ehild has had some eongenital defieieney. I have good reason for believing that many of these reputed attaeks of brain fever have been nothing more or less than eases of aeute mania.

Delay in the reeovery and a liability to a relapse will be far from improbable if the exciting eause eontinue in operation. But a permanent eure may be expected in all those eases where time is eapable of alleviating the cause of the affliction; and happily for those

who are born to trouble—and who escapes it?—it is wisely ordered that the acuteness of grief shall be followed first by its bitterness, and then by its oblivion. Indeed, were it not so, a sane mind would be the rare exception.

DIAGNOSIS OF SECOND CLASS.

There can be but little difficulty in deciding if paralysis or epilepsy be present, if the attack is ushered in by a convulsive seizure, or if it has followed injuries to the head, sunstroke, inflammation of the brain or its membranes, severe attacks of fever, long-continued intemperance with attacks of delirium tremens, masturbation, or when it occurs in old age, or there is congenital deficiency.

The issue of those cases in which disorder of the perceptions forms the most prominent symptom is of a doubtful character, from the difficulty of convincing patients that their aberrations are due to an abnormal condition of the brain or organs of special sensation.

FORMS AND TREATMENT OF FIRST CLASS.

The general course of treatment to be pursued in this class of cases will vary in some

measure with the nature of the attack, and its duration when first seen. In every form, however, of the disorder, the absence of sleep or of rest to the organ is the most prominent and urgent symptom, the point most worthy of attention, and the one to be kept constantly in view, as the source and origin of the whole evil. Frequently, in some cases, the patient does sleep, but not for a longer period than is barely sufficient to repair the waste consequent upon the previous day's excitement; and in this way we get a continuance of irregular action which, if not checked, will end in chronic mania. It is necessary, therefore, that the patient should not only sleep long enough to admit of the entire repair of the waste of the previous day, but that the rest should be in excess. To effect this we should endeavour to lessen mental action, by removing as much as possible all sources of excitement; and as it is well-known that dwelling upon the same topic tends to increase the intensity of feeling, it will be well to endeavour to change the current of thought by acting on the senses, by change of scene, engaging the attention by occupation, by games of skill or chance, or exciting curiosity by objects of no-

velty or interest, and by every means to encourage sound and refreshing sleep, without which little hope can be entertained of recovery; and if the ordinary hygienic and dietetic means employed fail to induce sleep, recourse should be had to sedatives, and these should be administered in gradually increasing doses until the desired result be obtained. The preparation I have found to be most beneficial, and one productive of less constitutional disturbance than any other, is a solution of the citrated watery extract of opium* (containing about one-sixth of crude opium), administered every four or six hours, in doses of from ten to twenty minims, and continued until the patient is well. Should this sedative produce, as it occasionally but very seldom does, depressing sickness, it should at once be discontinued, and hyoscyamus, lactucarium, hop, &c., tried, and after a while recourse may be had again to opium; but if there be contraction of the pupils, congestion of the conjunctiva, tendency to disease of the heart,

* The preparation made for me for the last fifteen years can be obtained of Mr. E. Evans, of 10, Paradise-row, Victoria-park-square: it is fully one-third stronger than Battley, and not so expensive.

or reason to suspect a loaded state of the bowels, the preparations of opium require to be cautiously administered. Inquiry should always be made as to any idiosyncrasy with reference to this drug, and its effects upon old people carefully watched, as they do not bear opiates well. When there is anæmia, vegetable tonics combined with the preparations of iron are of great service, insanity, on all hands, being admitted to be a disorder in which there is every symptom of debility. At the same time the patient should be supplied with an abundant quantity of nutritious and easily digestible food, for without this no repair can take place. Advantage should be taken of the tendency which a full meal has to induce a state of repose, by placing the patient in as favourable circumstances as possible to procure this condition. I believe that as long as nature is making an effort to cure, there is a natural craving and demand for more food than in health, because the power generated in the brain, upon which the manifestation of mind depends, must be supplied from food through the blood. The good effect of a plentiful supply of food to the insane, in diminishing mortality and increasing the per-

centage of cures, is well-known; its good effect also in quieting the noisy, and lessening the dirty, mischievous, and destructive propensities of others, is as well marked as it was in the Orphan Asylum quoted by Combe, where by an improvement in diet the children became less turbulent, irritable, peevish, and discontented, and far more manageable, peaceable, and kind to each other.

Case illustrating the advantage to be derived from a full supply of food.—The following extreme case will serve to illustrate this point better than anything else.

A. M., after some continued illness, during which she was repeatedly bled, cupped, and leeched, and kept upon a severe antiphlogistic regimen, gradually became insane. When brought to Bethnall House, she presented little evidence of constitutional disturbance, but mentally was much excited, had various delusions, and was in an exceedingly perverse state—resisting with all her might any attempt to dress or undress her; and though constantly complaining of intense weakness, yet she was so strong as almost to defy the united efforts of three or four nurses to remove her from the passages, in which she

would keep to the obstruction and annoyance of every one. She talked constantly about being starved, although the quantity of solid food she was in the habit of taking was about four times as much as that of any other patient, and, as her assimilation was good, orders were given that she should have in addition as much bread as she could eat. This, however, at first did not lessen her complaint; but after a few months she gradually improved so much, that she was induced to employ herself by working in the kitchen. Here there was an unlimited supply of food, of which she took ample advantage, as she was eating meat, &c., all day long—at breakfast, luncheon, dinner, tea, and supper, she would be found with a plate of meat; and the enjoyment of her meal was coupled with evident benefit to her mental state. She soon began to gain flesh, became less excited, and ultimately was discharged perfectly well. All her delusions disappeared, and with her improved mental state her appetite became natural. Although during nearly the whole period she was in the asylum she took equivalent to five grains of crude opium every night at bed-time, I feel satisfied that her recovery was mainly due to

the nourishment she derived from the food being in excess of the daily waste, and therefore gradually replacing the power she had lost during the heroic treatment of which she had been the victim.

ACUTE MANIA.

Acute Mania is readily distinguished from inflammation of the brain, or its membranes, in the mode of its accession, in the freedom from severe pain in the head, the tolerance of light and sound, and absence of increased sensibility, which are so characteristic of Phrenitis. In extreme cases, not unfrequently preceded by a period of depression, you have incessant raving, great restlessness, and violent exertion; a hot, dry skin; tongue brown, parched, and dry, and teeth covered with sordes. There is also an absolute refusal of solid food; and, as it is of the utmost importance that the loss from waste of tissue, which must be rapidly going on, should be prevented, it is essential that the liquids which the patient will for the most part readily take should contain as large an amount of nutritive matter as possible: something more substantial than broth, beef tea, and arrow-root must be provided; and for

this purpose, I know of no eulinary preparations so useful as those into whieh eggs and milk largely enter. These are the substanees whieh nature has provided for the growth of the young animal, and neeessarily eontain all the elements of nutrition. A eouple of eggs beat up and mixed with a pint of warm milk, ale, or porter, may be given, with a sedative, every four hours, with the best effeet; and these may be eontinued until the exeitement is abated, or the ability to take solid food returns. No apprehension need be entertained as to the propriety of giving stimulants, for during this eondition they are not only well borne, but absolutely necessary; and any attempt to eontrol the exeitement by depletion, or antiphlogistie means, will inevitably lead to dangerous, if not to fatal results. As the bowels during this state are generally eonfined, a eouple of drops of eroton oil, or a simple enema oeeasionally administered, will relieve them of mueh irritating and offensive matter. Warm baths are useful to relieve the uneomfortable feeling whieh must aeeompany the hot, dry, and parehed state of the skin, and are by many extolled for their power in soothing irritability of the system.

ORDINARY MANIA.

In Ordinary Mania, and the milder forms of the disease, there is often no evidence whatever of constitutional disturbance, although the same conditions exist, but in a milder form, as in acute mania; for as long as there is mental aberration, there must be a loss of that balance which prevails in a healthy state. This may be due to too great action in proportion to the amount of rest, defective assimilation from disorder of the digestive organs, or to an insufficient supply of food; the treatment, therefore, as I have before observed, should be directed to limiting the amount, or varying the duration of the mind's action, increasing the period of rest by sedatives, and giving plenty of nourishment; and when there is defective assimilation, attending to the state of the digestive organs.

In this class of cases we need never despair, for patients have been known to recover even after thirty years' derangement.

Case illustrating a complication which may confuse the inexperienced. — A few years ago, a merchant about thirty-five

years of age, unmarried, was placed under my care, suffering from an attack of mania, with considerable excitement, which had come on after exposure to great anxiety during a commercial panic. He had had some previous attacks, and there was some hereditary predisposition to insanity. When I saw him, he talked incessantly, and though he wandered from one subject to another with great volubility, there was an amount of shrewdness and intelligence in his observations which clearly showed him to be a man of education and talent. He slept but little; his skin was cool and moist, his pulse regular, tongue tolerably clean, appetite good, and there was a tendency to constipation. As I was told that the preparations of opium had disagreed with him in former attacks, I gave him for a while from 10 to 20 grains of the purified extract of hyoscyamus at bed-time, but without the slightest beneficial effect. I then tried the citrated watery extract of opium, beginning with five minims three times a-day, and gradually increased it to twenty: though this quantity was equivalent to ten grains of crude opium daily, it produced no constitutional disturbance nor symptom of narcotism; his

pupils remained unaffected, his pulse was steady, his tongue clean, and his appetite good. He had, at the same time, full diet, together with three pints of ale, and four glasses of wine daily; and to keep the bowels open, a small quantity of the watery extract of aloes every night. Under this treatment, his improvement was rapid, and he appeared to be going on as well as could be desired. One morning, however, when he got up, all his symptoms were completely changed: his pulse was now weak and slow; he spoke hoarsely; refused food; his expression was vacant, and he was quite bewildered and lost; the excitement had given way to intense depression, though he became irritable when roused. The sedative was at once discontinued, and he was with difficulty induced to take some stimulants. After a few hours, this condition passed off, and he gradually returned to nearly his former state; but it was evident that he had received a severe shock, and the progress of his recovery had been arrested. From the suddenness of the change, and the general character of it, I felt satisfied that it was due to masturbation, and subsequent inquiry and watching fully confirmed the accuracy of my

opinion. In a few days the sedative was resumed, with the same result as before, again to be followed by one of these attacks. When a favourable opportunity offered, it was taken advantage of to remonstrate against the continuance of this habit, and happily with the best effect, for in a very short time he completely recovered.

It was interesting to watch the powerful effect which the sedative seemed to exert over him during the period of convalescence, for he would fall asleep whenever he sat down. It soon became necessary to reduce it very largely, and when the mind appeared to be restored it was omitted altogether. After a few days, the usual depression which follows recovery from excitement came on, but upon removal to the country, and change of scene, all unpleasant symptoms disappeared, and he was able to resume his former position.

MELANCHOLIA.

In Melancholia, or mania with depression, there is frequently no mental aberration detectable, though there is generally great inability in the patients to rouse themselves to any exertion. In the majority of cases, their

thoughts are for the most part of the most gloomy and unhappy character. Their attention is usually absorbed in a review of all the little faults and omissions of their past life; and these, while they sit brooding over them, they so exaggerate and magnify, that they believe them to have been of the deepest and blackest dye. To such an extent, indeed, does this feeling take possession of the mind, that they at last think such crimes as theirs cannot be forgiven; and thus as life becomes only a prolongation of their misery, it is no wonder that they often meditate, and sometimes commit, suicide. Indeed, every case of melancholia should be looked upon as having a suicidal tendency.

In this phase of the disease there is still the same absence of sleep which so constantly accompanies mental derangement. This symptom may not be so apparent, however, as in the other forms of insanity; in fact, in some cases it will not be known at all, unless special attention be directed to the point: for if you ask the friends, they will assure you that the patient does sleep, as he is perfectly quiet through the night; while the patient himself will tell you, with greater truth, that he does

not and cannot sleep. We have, in addition, a constant disinclination to take food, often a total rejection of it. This arises, in some measure, from a general derangement of the digestive organs, aggravated by the effect of the delusions upon the will; for most of them think that they are unworthy of any consideration, that food is quite unnecessary, that they can do without it, or that they have no right to take it; and the same feeling leads to a neglect of the bowels, which become much confined.

Sedatives are as useful in this as in other forms of mental derangement, and it is often astonishing to see how they improve the appetite and general condition of the patient. At the same time, attention should be paid to the state of the bowels, since the digestive organs, as I have stated, are usually out of order. To relieve the constipation so constantly present, small doses of castor oil are of great use; whilst alteratives, together with the mineral and vegetable tonics, are constantly required to improve the tone of the stomach. When there is a strong suicidal tendency, I have found large doses of tartar emetic of the greatest use, and the tolerance of it in deter-

mined eases is very great; one grain to begin with rarely produees sickness, and I have often given six grains at bedtime with a deeided sedative effect.

When there is total rejeetion of food, and after the second day's eomplete fasting—or earlier, if I see the patient becoming weak even from partial abstinenee—I have no hesitation in using the stomach-pump, and by this means I throw into the stomach milk and eggs, with some suitable stimulant. Upon these alone, and administered only once a day, I supported a lady (now living) for a period of nine weeks, who, during the whole time, did not voluntarily partake of even a drop of water.

In using the pump, I prefer laying the patient in the recumbent position, with the head well thrown baek; the mouth is readily opened by tiekling the fauces; a short eonieal notched gag will keep the mouth open, and prevent the teeth from injuring the tube until it can be passed a short way into the œsophagus. Three or four eggs, well beaten up, mixed with about twelve ounees of warmed milk and a little brandy or wine, is the dose I find most benefieial. When, however, the stomaeh is

irritable from long fasting, a smaller quantity should be introduced slowly, and repeated in a few hours.

SUICIDE.

It is well known that the great majority of cases of Suicide occur where mental derangement and a suicidal tendency have not been previously suspected. After the event, however, many circumstances come to light which lead to the conclusion that the mind must have been affected; and the evidence brought forward at the inquest almost invariably shows that the deceased had been exposed to some mental anxiety or irritating annoyances. It now appears that he had not been quite himself, that he had been depressed and out of sorts, that his appetite had been impaired, and he had not been able to sleep as well as usual. The disturbance, however, was too slight to create any anxiety on the part of his friends, or to induce them to seek the assistance of their medical adviser; and it may be that, as to the majority of these persons, from being unmarried, and having no family to care for or look after them, they have had every facility afforded them to effect their purpose.

The propensity to suicide often shows a marked hereditary tendency, and it becomes necessary, therefore, to watch that family in which any member of it manifests such a propensity. This becomes more important if either of the parents has so fallen; for there are many instances recorded of a portion, and even of the whole of a family with this predisposition, making away with themselves. The mode in which they effect their intention is often peculiar. They will avoid obvious, direct, and simple means of accomplishing their purpose, and select a way least suspected, and frequently one which does not offer the best chance of success—such, for instance, as hanging themselves from a peg placed at so short a distance from the ground as to necessitate their leaning forward to produce the necessary pressure, as their feet touch the ground. The presence of a razor, knife, or other means of committing suicide, often excites in such persons a sudden desire to use them, and the enclosed state of the monument on Fish-street-hill offers a good example in point.

Many insane persons also who believe that poison is mixed with their food, or who be-

lieve that they are to be destroyed for some imaginary erime, antieipate death by suieide.

To suppose that uneomfortable feelings, and a sensation of fulness in the head, with disordered digestive organs, ean be cured by bloodletting and purgatives, as is often popularly expressed, is as fallaeious as to expeet that the same treatment would benefit eases of mental derangement in general. Sueh persons differ from other insane persons only in the intensity of the funetional disturbanee.

If there is anxiety and want of sleep, there must be exhaustion; and in proportion to the degree of exhaustion there must be a weakness of judgment, whieh will allow of the exaltation of the eause of the anxiety and its eonsequenees to stand out in stronger relief than they would otherwise do, and ruin, disgraee, or degradation aequires an undue prominenee. Sueh a eondition leads to a suspension of the strongest instinet in nature, self-preservation, and from "a mean eoneeption of the great moral purposes of life, such persons terminate their existenee the moment it eeases to impart its usual gratifiea-tion."

The treatment, therefore, should be preeisely

the same as that recommended for the ordinary form of mania.

RECURRENT MANIA.

This form of insanity is not often seen in all its phases out of an asylum, though it is one which requires to be noticed, as it is not of unfrequent occurrence, and may, during the period of excitement, be mistaken for acute mania. It is characterized by attacks of insanity, coming on without any very apparent cause, followed by depression and recovery, the period during which these states continue being very uncertain. Sometimes the excitement lasts for a week, a month, or even longer; and is often, from its violence and intensity, not unlike acute mania. Such patients sometimes rave with great incoherence, destroy their clothes, become dirty in their habits, violent and indecent in their conduct. When this stage has passed off, a short period of depression usually supervenes before complete recovery, again to be followed by excitement. These three states continue to succeed each other in regular succession, each attack, perhaps, varying in intensity and duration. The appetite, during excitement, is

not usually much impaired, nor is there any evidence of general functional derangement: but this form of the disorder is for the most part of a very intractable character, probably from the fact of its occurring, so far as my experience goes, only in persons who have a strong hereditary predisposition to insanity. From the suddenness with which the attack comes on, together with their violent and dangerous character, they are most unsafe persons to be at large. Sedatives have but little beneficial effect in this class of cases; and the only remedy which I have found to be of decided use is large doses of quinine given during the convalescent period, at the same time strict attention should be paid to the state of the general health.

A lady subject to this form of disorder for many years has just been discharged, recovered; and in other cases the attacks have been diminished in frequency, and their violence and duration considerably lessened.

PUERPERAL MANIA.

When we reflect upon the peculiar condition of the pregnant female, and the shock to which her system is exposed at the period of her confinement, as well as the sudden derangement in the circulation which the change in the deter-

mination of the blood from the uterus to the breast must necessarily create, we cannot be surprised to find that she is more susceptible to mental impressions at this, than at any other period of her existence. It is, therefore, after exposure to excitement within a short period of these changes taking place, and before the system can accommodate itself to this altered condition, that we find the greatest number of such persons become insane—affording clear indication of the propriety of guarding the puerperal woman during the first month after her confinement from all causes of vexation, irritation, or excitement, more particularly if she has been insane after any previous confinement. I know of no symptom by which to distinguish this from any other form of mania produced by moral causes, nor have I found that any different treatment need be pursued.

It is advisable that the mother should cease to suckle her child, or have the care of it, as much on account of the safety of the child as from the exhausting effect which lactation must have upon the mother. Means should of course be adopted to prevent any injury arising from the secretion of milk. A little aperient medicine, and the local application

with friction, of some spirit and olive, oil has generally relieved any anxiety on this score.

AMENORRHŒA.

Mental derangement frequently occurs in young females from Amenorrhœa, especially in those who have any strong hereditary predisposition to insanity. The age of the patient, the absence of the accustomed uterine function, and the chlorotic look, will at once point to the cause of the mischief. Attention ought therefore to be directed to the establishment of the periodic discharge; and this we have always been able readily to effect by improving the general health, and by giving the ordinary mistura ferri three times a day, together with an aloetic pill at bed-time. The system is soon charged with blood, and an occasional warm hip-bath, or leeches to the pubis, will accomplish all we desire, and be followed by complete mental recovery.

FORMS AND TREATMENT OF SECOND CLASS.

Mental derangement consequent upon injuries of the head, sun-stroke, inflammation of the brain or its membranes, severe attacks of fever, delirium tremens, or the changes which

result from these causes, does not always show distinct evidence of its origin apart from a knowledge of the history of the cause, and this renders the prognosis sometimes uncertain. Insanity is often set down as being due to injury of the head from a fall, fits in youth, or an attack of fever some years before, on purpose to conceal an hereditary or other cause, which the friends of the patient may be unwilling to avow. One of the most important symptoms of organic change in the brain is undoubtedly loss of memory as to recent events; and whenever this is present it may be regarded as one of a most unfavourable character. Great confusion of ideas, alternate and sudden changes from excitement to depression, vacant, lost look, delusions of an exalted character, not confined to one subject, but varying daily, are also found in this class of cases. There is often severe pain in the head, with throbbing or giddiness; and there may be squinting, double vision, blindness, unequally dilated pupils, impatience of light and sound, partial paralysis, twitching of the muscles, and convulsive seizures.

The treatment should of course be directed to removing, if possible, the changes which

may be diagnosed as having taken plaee and have produeed the disorder. These ehanges may or may not interfere with the rest of the patient: in many cases they do not; but in nearly all of them the administration of opium is injurious.

HALLUCINATIONS, OR "PERCEPTION OF THE SENSIBLE SIGNS OF AN IDEA."

A considerable number of eases of mental derangement, unaccompanied by exeitement, appear to be intimately eonneeted with and dependent upon some abnormal eondition of the brain or organs of speeial sensation. Patients thus affeeted say that they see visions of all kinds passing before them, sometimes of persons they supposed to be dead; they hear voiees talking, or eommunications made to them in some mysterious way; they feel, at times, as if insects were crawling over them, or as if they were blistered, or their flesh was being gnawed from their bones; or as if some one were cutting or tearing them to pieees; and when they lie down, as if they were on hot coals. They have uneomfortable feelings after eating, and their sense of taste and smell is often

perverted. Most of these perceptions and sensations may exist in persons of sound mind (as we have many curious and interesting instances on record); but it is only when they believe that their visions are the result of supernatural agency, that the communications are made to them through persons under ground, by pipes or galvanic wires placed there, or through the walls or in the ceiling; that they are the victims of the malignant spite of some unknown enemy, who is acting upon them by witchcraft; or that they must be persons of consequence, and have been selected by God as his instrument for some great work, or the object of his wrath, that they can be considered to be of unsound mind.

From the generally intractable character of this form of the disease, and the persistence of the sensations, I am disposed to regard the functional derangement as due to some organic change at the base of the brain, about that portion of it where the nerves of special sensation terminate. I cannot for a moment doubt the truth of the sensations so minutely described; but, from defective education or weakness of mind, these patients are unable to refer them to their true cause, and are conse-

quently insane. In such cases every effort should be made to trace out the origin of the disorder, and to improve the general health. There may be fulness and congestion about the temples; there may be enlarged tonsil, or the ears may want syringing; they may be suffering from indigestion, or disorder of the viscera, particularly of the liver, kidneys, or uterus; there may be eruptions of the skin, or it may want cleansing. It will be well, also, to use every means which may tend to divert them from dwelling on their disorder. While attending to these points, the patients should be taught that their perceptions are merely the natural result of disease; for it is of no use to tell them that they are under delusions, when their perceptions, though sometimes exaggerated, are far too real to be doubted.

I remember the case of a lady who suffered intensely from this form of disorder for upwards of ten years, eventually enabled, by reasoning with her, to see that the perceptions which troubled her were due to disease, and she again resumed her position in society.

I may here mention, that lunatics who are deaf are generally of a very suspicious and dangerous character, from their believing that

those about them are talking of and abusing them, and they seldom get well. This may be partly due to the difficulty of reasoning with them, and ascertaining the extent of their mental disturbance.

MASTURBATION.

When insanity is suspected in young men under twenty-five years of age, particularly those who have been carefully brought up under the anxious supervision of their friends, and have lived apparently in a most exemplary and becoming manner, and who, from not being allowed to mix freely with the world, have escaped the trials and temptations of life; and if the symptoms are chiefly of a negative character, shown more in the absence of any positive indication of derangement than otherwise, such as secluding themselves from society, avoiding conversation; if they are at the same time pale and out of health, generally morose and apathetic, occasionally impulsive, violent, and irritable; if they speak to you in a pert manner, with averted face, have a peculiar leaden appearance of the cornea, dull expression, damp, clammy hand, and languid circulation; there is every reason

to fear that these symptoms are due to habits of a most pernicious character.

From the frequency with which this class of persons have been brought under my observation, after the mind has become affected, and from the symptoms being as distinctly recognisable as those of any other special disease with which I am acquainted, I do not hesitate to ascribe this form of the malady to self-abuse;* and an unblushing admission of the fact will often at once confirm the diagnosis. On inquiry, it will be found that the practice has been followed for years; and that there is a persistence in it will be painfully evident on careful examination. To hope for any amendment until the exhaustion produced by the drain of the vital fluid and from nervous excitement is stopped, is out of the question; and I believe that it is only in the early stage of the complaint that any real or permanent good can be effected; for once the mind becomes palpably disordered, I have seen, in a very extensive experience, but few

* It is a matter of great surprise that no writer on insanity with whom I am acquainted, except the late Sir William Ellis, has noticed this disease in the manner it deserves.

recoveries, and for that reason I refer to it here.

An appeal to the moral feelings, and reference to the inevitable consequences of the habit, generally meet with due attention and promises of immediate amendment; but as a present gratification cannot be sacrificed to a prospective evil, the practice continues unabated. Involuntary emissions are sometimes excited from the irritation which the constant excitement of the parts has set up about the orifices of the ejaculatory ducts (for there is often a tenderness at this point), or upon a loaded state of the rectum. As they cannot be trusted, I would urge the propriety of placing the patients under the constant supervision of some elderly person to watch them night and day; let them sleep on a hard mattress, lightly clad; keep the parts cool, and remove any irritation about the prepuce or rectum by frequent washing, and the occasional administration of large enemata of warm water. The passage of a full-sized bougie will sometimes relieve the irritation, and, in obstinate cases, the application of caustic to the orifices of the ejaculatory ducts may be necessary. If the urine be

acid, carbonate of soda will be found useful; but if the praetiec be ehecked, thc irritability will gradually diminish. At the same time, I would recommend the free use of scdatives at bed-timc, and astringent tonics, such as tinet. ferri sesquichlor., with infusion of ealumba, &e.

In severe cases, acute maniacal symptoms often come on, which must be treated in the usual way; whilst in this condition, the patients should be carefully watehed, as they often attempt to mutilate themselves.

Though nymphomanie symptoms are eonstantly present when young females are insane, I have met with only one instance in whieh I could say that the mental disturbancc was due to this viee; and this patient eontinues in a hopeless state of dementia.

GENERAL PARALYSIS.

From this most insidious and fatal disease no class of persons or condition in life appears to be exempt. The early symptoms, though existing for a year or two before the mind bccomes affected, are of a slight and apparently trifling eharacter; and hence they are not only allowed to pass unheeded by the ordinary

medical attendant, but the disease itself is one which medical men in general practice fail to recognise. It is not until the mind really loses its balance, and the patient is taken to an asylum, that the hopeless character of his malady is detected. It is almost incredible, though nevertheless the fact, that the first indications of the existence of so terrible a disorder should be merely a slight thickness of the speech and a quivering of the muscles of the upper lip during conversation, particularly about the angles of the mouth, such as is occasionally produced by emotion. Yet so surely as these symptoms supervene in a person previously free from them, so surely do they indicate the existence of general paralysis. As the disorder advances a difficulty may be observed in the ability to pronounce certain words, especially those with many consonants; and there will be a tendency to slur them over as if the lips were parched and dry. The patient also gradually acquires a strong feeling of his own importance and ability; he consequently becomes careless, extravagant, and reckless in money matters, is irritable and violent when remonstrated with; and as it is impossible to check him in his downward

career, no restraint being allowed by law during incipient insanity, he goes on from bad to worse, indulging in vice and intemperance until the mental symptoms become gradually and fully developed, or they are suddenly ushered in after a convulsive seizure. It is then that the exalted nature of the delusions so peculiarly characteristic of this form of the disease becomes manifest ; and the patients talk of their own physical condition and mental attainments as without parallel, and count their wealth by millions.

Though robust in appearance, and they express themselves as being in the best of health and spirits, they afford every indication to the practised eye of being in the very opposite condition. The soft, relaxed, and flabby state of the muscles, the want of lively expression in the face, the unequally dilated pupils, the languid circulation, and dark venous character of the blood in the capillaries, the sluggishness with which wounds and abrasions heal, and the long continuance of slight ecchymosis, afford but too certain evidence of the unhealthy state of the body. They appear in these respects to be in the opposite condition to the epileptic. During the progress of the disease the tongue

becomes tremulous, and they are unable to hold it still when protruded; the also gait becomes affected, the foot being set down with less confidence, and they walk as if in the dark on some uneven ground; there is sometimes satyriasis, and always impaired memory of recent events. Some become exceedingly destructive and dirty, whilst others are comparatively tranquil, cleanly, and happy. Most of them accumulate all sorts of rubbish, with which they fill their pockets and to which they attach considerable value. An old and experienced attendant used to consider the striking contrast in the condition of this class of patients as being due to the paralysis being greater on the right or left side, which he endeavoured to demonstrate, but I have never been able fairly to satisfy myself as to the correctness of his theory.

From impaired voluntary motor power, "the guards," as the late Dr. Marshall Hall used to call them, though still exciting their reflex power, become of very little use, since the urine and fæces often pass involuntarily and unknown. From the same loss of command over the muscles of the throat, it is necessary to guard against choking by giving such patients

their food cut into small pieces and moist; though even with this precaution, from their ravenous appetite and greedily thrusting everything eatable within their reach into their mouths, they not unfrequently become asphyxiated. Although I have seen several cases in which there has been complete recovery of the mental faculties, I am unable to say to what particular course of treatment this result was due. In one well-marked case in which the excitement came on every evening about bed-time—a not unusual period—a large dose of quinine stopped the periodicity of the attack, and the patient rapidly recovered his mental powers. In other similar cases this treatment has failed to allay the extreme excitement under which many labour. The preparations of opium in any form are inadmissible on account of the aggravation of all the symptoms which they invariably produce. The only sedative upon which I have found any reliance can be placed is hyoscyamus, and this may be given in doses of from fifteen to forty grains of the extract every four hours with the best results.

As the treatment which has hitherto been adopted for the cure of this disorder has proved

in all hands to be but palliative from the patient sooner or later having succumbed to its influence, we are compelled from our ignorance of the true cause of the malady to treat symptoms as they arise, though the evident want of tone in the system points to the use of tonics combined with the mineral acids, together with plenty of nutritious and easily digestible food. For the same reason the abstraction of blood during any period of the disorder should be carefully avoided. I have seen many cases in which the progress of the disease has been much hastened by bleeding during the convulsive seizure which not uncommonly precedes the mental disturbance. These seizures, often caused by the accumulation of hardened offensive scybala in the rectum, are best relieved by stimulating enemata, whilst strict attention to the state of the bowels will tend to prevent such attacks.

The pathological changes which are found in the brain of these patients seldom bear any relation, discernible by the eye, to the symptoms exhibited during life, and minute changes are so much affected by the mode of death on account of decomposition setting in so rapidly in persons who die of convulsions, that little

dependence can be placed on them; yet it is not to be wondered at that softening should be set down as the cause of general paralysis, since persons who suffer from this disease most frequently die in convulsions. From the fact that the first indication of this disorder is manifested in impaired voluntary motor power, I cannot help regarding the mental disturbance in this class of cases as merely a secondary effect and an extension of the original disease to the organ of the mind. Although the mind has never recovered its original power, I have yet seen complete recovery of sanity in several instances; but I have never seen any great diminution in the intensity of the physical symptoms, and I think that the morbid change should be sought for in the first instance in that portion of the brain (the cerebellum) which is believed to preside over voluntary motion.

EPILEPSY.

The insanity which we find associated with Epilepsy is at first usually of a recurrent character, and the form which it assumes differs from ordinary attacks of mania only in being of perhaps a more spiteful and dangerous charac-

ter ; many of the most atrocious crimes having been committed by this class of lunatics.

As the derangement appears ordinarily after the epilepsy has existed for years, though not a necessary consequence of it, and as the intensity of the excitement, which occurs chiefly about the period of the convulsive seizures, is often in direct proportion to the violence and duration of the fits, we may, I think, safely assume that the mental disturbance is dependent upon and due to this malady. It becomes, therefore, a matter of considerable importance to weigh well every circumstance which affects the fits as the cause of the major evil—the mental derangement.

It is a matter of common observation in an asylum that the violence of the convulsive seizures appears to bear some relation to the frequency of the attacks ; for they are less severe when the fits occur often, than when there is a longer interval between them. From this, it would appear as if some poison, varying in amount in different individuals, was constantly being generated in the system, and as constantly eliminated by convulsions, the frequency and intensity of which may, I think, be taken as the index of the capacity of the

system to generate the poison. Hence I object to employing the various alleged remedies for the cure of this disease. There is no doubt that many of these preparations will diminish the frequency of the attacks; but unless at the same time they reduce the capacity of the system to generate the poison, they do more harm than good; for when the fits, delayed by these means, do recur, they are of so violent a character as often to kill the patient, the effect apparently being as if all the minor convulsions of the interval had been concentrated into one, which is followed by the alternative of aggravated excitement or death.

The ordinary physical characteristics of fully developed epileptics are those of a person in the most robust and perfect health. They are stout, muscular, of florid complexion, and have the expression of the eyes bright and clear. The circulation is good, and though the appetite is large, and there is constant craving after food, the digestive and assimilative functions are unimpaired, and they suffer from constipation only as the result of perfect assimilation. The reparative processes are in the highest state of perfection; for the most severe contused

wounds inflicted during their falls heal by the first intention, and bruises disappear with marvellous rapidity. In the course of time, however, the mind becomes permanently affected, and the general health impaired from masturbation, in which most of the males indulge, and from disease of the heart and lungs induced by the obstacles which are opposed to the free circulation of the blood during the convulsions.

From the highly plastic state of the blood, indicated by the rapidity with which injuries are repaired, I have to recommend in the early stages of epilepsy the free use of those remedies which are known to attenuate its constituents ; among these may be mentioned borax, cream of tartar, tartar emetic, calomel, &c. Physical exercise should not be overlooked, and particular attention should be paid to the diet, limiting it chiefly to those articles which are of a light and farinaceous character ; for I have constantly observed the severity of the fits to be very much diminished, and mental disturbance entirely averted by attention to this point alone. Counter-irritation produced by setons, &c., I have long since ceased to regard as of any value.

During the convulsive seizure, everything likely to impede the return of the blood from the head should of course be removed. This is sometimes a matter of difficulty; for epileptic male patients, as a rule, seem to delight in constriction of the throat, and tie their neckerchiefs so tightly as often to require the use of a knife to sever its fastenings. I have never been able to ascertain that this constriction is other than accidental, but its frequency is remarkable. The head should be kept cool, and moderately raised after the attack, to relax the muscles of the neck. On the accession of an attack, a stimulating injection should at once be given to relieve the bowels, and repeated, if necessary, on account of the accumulation of scybala in the rectum. When severe attacks of epilepsy are accompanied by intense perspiration, a fatal result may often be predicted.

Case.—I had a telegraphic message late one evening, telling me to prepare to receive a lady who was coming by rail, and was suffering from acute mania. On her arrival, I found her with all the symptoms of having had a most severe attack, and upon inquiry it appeared that she had for some years been sub-

ject to very frequent slight epileptic attacks, but that she had not had any since she became pregnant, about three months previously, until within a recent period. She was then seized with convulsions, and continued in them for several days. As these left her, her mind became so much affected as gradually to assume the form of acute mania, and as it was found impossible to manage her at home without an injurious amount of restraint, her removal to an asylum was decided on. She passed a tolerably tranquil night, and in the morning she appeared to be much better, though stiff and aching in every limb, and feeling as if she had had a confused dream. In the course of the day it was evident that the excitement had passed off, and a communication was directed to her husband, who immediately returned to town, and she was removed, by my advice, on the third day : a step I should not have ventured to recommend, had the attack been due to an *ordinary* epileptic seizure.

I refer to this case as one of many, merely to show what may be expected from retention of fits, and to recommend that no person suffering for the first time from such an attack need be sent to an asylum, unless

under extraordinary circumstances; because, when it has passed off, another may not occur until the fits are again interrupted, which may not be for years.

DIPSOMANIA.

The forms of insanity which the medical practitioner will find the greatest difficulty in dealing with are those which arise from intemperance, both on account of the utter inability of the individual to resist that indulgence in intoxicating liquors which a moderate quantity seems to excite, and from the complete absence of every symptom of mental derangement when drink is withheld. Fortunately, the number of such cases are few; and I am sorry to state that the majority of those which have come under my own observation have been of the gentler sex. As long as any physical control can be exercised over the subjects of this unfortunate propensity, they continue perfectly well and free from mental disorder; but the moment that control is removed they fly to their bane, and whilst some in a few days are raving mad, others lose all sense of decency and shame. Experience has proved, that to expect any benefit

from reasoning with such persons is quite out of the question. They will listen attentively to your remonstrance, and promise never to taste stimulants again ; for there is no class of persons who will preach repentance or talk morality better than they, whilst at the very time they are plotting how to get a supply. Even with physical control at their own homes, their whole attention appears to be directed to the best way of baffling their custodian, a contest in which they invariably succeed. Confinement in an asylum has no effect in deterring them from their favourite vice on regaining their liberty ; and yet it appears to be the only way of keeping them sane, saving their lives, and preventing them from being a trouble and disgrace, or bringing ruin and misery on all connected with them. I have a lady now under my care, who literally stripped her house of every article of linen, bedding, clothing, or pawnable furniture, whose home and person were filthy in the extreme, and whose last act was to take the shoes from off her children's feet to sell for drink ; and yet she has but little apparent mental aberration, though she tells the most atrocious falsehoods of her husband with the

utmost coolness and address. Previous confinement here has had no effect in curing her of her depraved habits, nor do I expect that her present restraint, though absolutely necessary, will prevent her from again having recourse to stimulants whenever an opportunity may be found.

No medical treatment that I am acquainted with has had the slightest effect in rescuing this class of persons from their unfortunate propensity. The only way they can ever hope to become respectable members of society is by total abstinence; for they seem to have no power to resist when once they begin to drink. I have only known one dipsomaniac able to remain free from the supervision of others, and she had the power to keep the pledge after taking it. For many years she continued to enjoy good health, though her repentance came too late for her own happiness. Her mother and sisters had died while she was unfit to be received by them.

ON THE PREVENTION OF INSANITY.

We cannot but admit that the struggle for position and existence incident at all times to civilized life, imparts an increased activity to

all our emotions, and these, when over-excited and uncontrolled by reason, give rise to insanity. Hence it is out of the question to expect that, as long as we are in our present state of being, insanity can be entirely prevented. At the same time man has it in his power to do very much both towards averting so terrible a disease from himself, and checking its perpetuation in others.

By following the principles and practice which true religion inculcates, he can exercise a powerful control over all that class of causes (the moral) to which the great majority of cases of insanity are due. To suppose, as has been often popularly suggested, that by adopting such a course an attack of insanity has ever been produced, or even a tendency to it incurred, is in direct contradiction of everything we know upon the subject. For the Christian derives from the teachings of his religion such comfort and consolation during the afflictions and trials of life, as enables him to moderate his emotions, and prevent them from having such uncontrolled sway as would lead to that physical disturbance which precedes, and ultimately constitutes, the disease; while it arrested the

uplifted hand of Cowper in the act of suicide. The perversions and delusions of a religious character which exhibit themselves in many cases when adversity sets in, arise from an overwhelming consciousness of neglect of duty, and are due to remorse, and not to religion.

By education, and the cultivation and exercise of his reasoning powers, man may so strengthen his judgment, that should he at any time become the subject of hallucination, he will be able at once to perceive the true relation between phenomena and their cause (as in the oft-quoted case of Nicolai, the bookseller of Berlin), and save himself from insanity. On the other hand, by neglect of education and an ignorance of natural phenomena, he will attribute the hallucinations to witchcraft, galvanism, or the special interposition of the Almighty, and consequently be insane.

By abstaining from the horrible and degrading vices of intemperance and self-pollution, man has it also in his power to avoid direct and prolific causes of insanity in its worst and most incurable form.

If there be a predisposition to insanity

derived from parents, he can neither eradicate nor remove it; but, with a knowledge of such taint (which, as a rule, the father transmits to the son, and the mother to the daughter), he may be able to shape his conduct in his path through life, so as to escape an attack altogether.*

Marriage with near blood relations should be avoided. Drunkenness, great disparity of age, and hereditary taint, should also form a bar to matrimony, from the well-known tendency which offspring, under such circumstances, are known to inherit.

From the fact that man is able to control his passions and propensities in the presence of a superior, or under the influence of fear, whilst in the absence of such incentives he falls an easy victim to his emotions, it is clear that he has at all times the power, if he

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* As an example of the terrible effects of hereditary transmission, I may instance one which, in consultation, lately came under my notice in the family of a tailor. His wife had always been an epileptic, and had had eighteen children, of whom, at the time referred to, six were living, all more or less afflicted with epilepsy and congenital deficiency, six had died at various ages of convulsions, and six were prematurely born dead during her own attacks.

choose to exert it, to control those propensities which the feelings of awe and fear enable him so easily to regulate; and awe will then exercise its proper and most beneficial influence when he lives under the abiding impression that, even when alone, he is still under the eye of One who is not only a witness, but a judge of actions.

GENERAL REMARKS.

When called to attend upon an insane person in the early stages of the disorder, the medical practitioner should bear in mind that his success with his patient will very much depend upon the impression first produced by his own conduct and demeanour. He should therefore, before visiting him, make himself thoroughly acquainted with every particular connected with the patient's condition. And, that he may gain his confidence, he must approach and treat him as much like a sane person as possible. It is well known that the insane are exceedingly suspicious, and quick to detect any deceit practised upon them. They are also jealous of the intrusion of strangers; and, as they do not, for the most part, admit the necessity for advice, they

decline to have anything to say to a medical man in his professional capacity, though, at the same time, they are often willing to converse with him as a friend upon the subject of their aberrations. He should listen attentively to all they have to say, for they regard many inquiries with suspicion; and, if he cannot agree with their observations, he should refrain from direct contradiction. He may ask them for some corroborative evidence as to the correctness of their statement, and whether they have not misinterpreted the facts supposed, or otherwise, to which they refer. He should never treat their aberrations, in the first instance, lightly, but should rather with all seriousness sympathize with them in their troubles, and gradually lead them to reason more logically upon the subject. This, however, must be done with care and with truth; for, however unable patients may be to reason correctly themselves, they are quick to detect those who step beyond the bounds of fair reasoning, and never trust nor forgive those who have tried to mislead them. After some general conversation, they may be brought to admit that they do not sleep well, and are otherwise out of sorts, and

in this way may be induced to take such remedies as may be necessary for them. During the progress of the case, the aberrations should be referred to as little as possible; and then merely to test their existence and intensity.

In some cases, a question may early arise as to the propriety or possibility of treating the patient at home, or of sending him to an asylum; and, before deciding upon a matter of so much importance, it will be well to consider the advantages or disadvantages of either plan, and the effect each is likely to have upon the patient's position and prospects. In the former, there will be the difficulty of inducing him to submit to any plan of treatment, from the unwillingness to admit that there is anything amiss; nor will it be easy at home to restrain him from a repetition of the excesses or irregularities of which he has been guilty, without exciting strong feelings of resistance. When he finds that he is disobeyed by his servants, unsupported in his orders by his family, and that he is a prisoner instead of a master in his own house, the irritation and annoyance which such a state of things must inevitably set up,

will operate powerfully against his acceding to any proper course of domestic treatment. With firmness, discretion, and a competent attendant, however, I believe that this difficulty may be overcome; and the patient, after his recovery, will be much more likely to forgive restraint in his own home, than if he had been sent as a certified lunatic to an asylum.

These observations apply more particularly to professional men, and those who are dependent upon their own exertions, and who may be suffering from an acute or other form of mania, from which they are likely soon to recover. For such is the feeling of distrust and suspicion with which those who have been afflicted with insanity are regarded by the world, that, when once the fact becomes known, it operates as a blight upon their future prospects. This feeling is so general, that it is shared even by the patients themselves, and so heavily does the consciousness of it press upon them, that they often take a dislike to all who were instrumental in affixing the brand upon them; wife, relations, and medical men who signed the certificate, share in the aversion, and in many cases it becomes the source of much domestic misery.

Notwithstanding the many advantages to the patient which are known to result from his removal to an asylum, I am not prepared, for the reasons above stated, to advocate the transference of recent curable cases from private treatment; for, with a correct knowledge of the disease, and by judicious management, the acute symptoms may be as readily overcome as an attack of delirium tremens, when change of scene and temporary removal from accustomed associations will complete the recovery.

In the above remarks, I do not mean to include persons who are afflicted with any of the incurable forms of insanity, or those who may be suffering from attacks which are likely to incapacitate them for further useful employment —such as general paralysis, epilepsy, chronic hereditary mania, imbecility, &c.—for all such persons an asylum is undoubtedly the best place. There every advantage which skill and experience can suggest, is offered to the patient, at little comparative expense, without anxiety to the friends. To avoid the publicity which residence in a private asylum is supposed to entail, relatives excuse themselves from adopting this course, under the popular

and fallacious plea that association with other insane persons must be injurious—a plea plausible enough on the face of it, but in itself utterly groundless, and only entertained by those who have no practical knowledge of the subject. With questionable humanity, they prefer keeping their insane relatives at home, confined in an attic or some out-of-the-way room, without any medical supervision, and placed under the care of a servant unskilled and inexperienced. Lest the afflicted patients should be seen and recognised, they are scarcely allowed to pass the door, at least in the daytime, a confinement which in due course tells fatally on their health. They fall into a hopeless state of dementia, and becoming dirty in their habits, are more neglected than ever. At last it is found impossible to keep them in a private dwelling, and they are consigned to an asylum. Here, with proper attention and the treatment derived from the experience of late years, they improve so much as to lead to the well-founded belief that, had they been placed under such care in the first instance, they would have been able, at the least, to enjoy their existence more like one of God's rational creatures than the animal to

which they have sunk. Such, indeed, is my own experience with reference to a great number of persons who have been sent to this Asylum after having been so treated for many years, most of them surviving the injudicious friends or relatives to whose pride and prejudice they had been sacrificed. An asylum does in reality offer more privacy than can be secured at home, for domestics amongst immediate friends will gossip about family failings.

It may be well to observe, that whenever a medical practitioner detects in any patient the slightest tendency to an attack of insanity, it becomes an act of kindness and of duty to make inquiry as to the settlement of his property, and to recommend early attention to this point; for it must be borne in mind that every day's delay diminishes the validity of any legal disposition of it. If the property be small, and likely to be required during illness, steps should be taken to make it available by power of attorney, for much inconvenience is constantly felt from such oversight. The savings which may be in the bank cannot otherwise be touched without a commission in lunacy, a proceeding which, under the most

favourable circumstances, costs not less than £40.

It often happens that circumstances exist which prevent the possibility of a person being treated at home while suffering from mental aberration, and his removal to an asylum becomes a matter of necessity. The law requires, before this can be effected, that two medical men, from personal observation, shall certify that the patient "is of unsound mind, and a proper person to be taken charge of, and detained under care and treatment." This provision of the law deprives many of these persons of the advantages which treatment in the early stage of the malady would confer. For until the disorder has become fully developed, a certificate to the above effect cannot previously be signed. A stranger to the patient properly refuses to give a certificate unless undoubted symptoms of insanity exist. I have known several cases of mental derangement which would have been much benefited had it been possible to receive them when the first symptoms of an attack became evident; but they have been obliged to wait, like a dipsomaniac (admitted whilst these sheets were going through the press), until he

had cut his throat, or the disorder had gained such ground as to leave no doubt of their state. It should be enough for the medical attendant of the family to make an affidavit of the insanity of the patient: but to call in a stranger to confirm, no matter how carefully, opinions already maturely formed, and to make him acquainted with family failings, is a positive injury, and gives no additional protection whatever to the patient.* The best safeguard for the public would be the consent of a

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* "Moreover, experience shows that there is frequently great unwillingness on the part of relatives to send to asylums patients who are suffering from the milder and incipient forms of insanity. Yet these are precisely the cases in which removal from the home circle is most likely to exercise a beneficial influence. This unwillingness appears to be in a great measure due to the necessity of obtaining two medical certificates of insanity and the Sheriff's order, before a patient can be placed under treatment—formalities from which many sensitive minds shrink until the malady has been confirmed. Indeed, it may be said that the precautions which are intended for the welfare and protection of the patient are frequently calculated to affect him most injuriously, by delaying appropriate treatment until the mental aberration has become so apparent, that two medical men, on a cursory examination, can without hesitation certify to its existence." —*Commissioners in Lunacy for Scotland. First Report.*

qualified paid public officer, sworn to secrecy like the Commissioners in Lunacy themselves, before whom the medical affidavit could be made, as well as an affidavit of the party signing the order relative to the property, and of his or her interest in the welfare of the patient. As the law at present stands, no such inquiry is made of the person authorizing the confinement. Unless a person is palpably mad—that is, in the *public* acceptation of the term—medical men now hesitate to "certify," though perfectly satisfied of the insanity of the patient, and of the necessity for his being placed under proper treatment; and they do so in deference to the popular outcry which has of late been raised against private asylums—an outcry which the inquiry during the past two years of the Select Committee on Lunatics has proved, by the evidence adduced, to be perfectly unfounded. No better proof of this need be referred to than the reply of the noble lord who, with unwearied zeal, has been at the head of the Lunacy Commission for the last thirty years. To the question of Mr. Tite (*Rep.* 1859, *Quest.* 285) :—

"Do you think the single system an advantageous one for the patients?"—he said:

"From the bottom of my heart, I would advise anybody, if it should please Providenee to afflict any member of his family, to send him or her to a private asylum. If my own wife or daughter were so afflieted, and I eould not keep her in my own house, under my own eye, I would send her to a private asylum—to a good private asylum; beeause there are remarkable examples of exeellenee and comfort among them: but as to sending them to single houses, it is eonsigning them to absolute misery."

ON ASYLUMS, PUBLIC AND PRIVATE.

As the publie generally are quite ignorant of lunaey matters, and they look to their medieal attendant for advice and direction, the following observations may not be out of place, premising that they apply solely to the middle elasses of society.

Public hospitals, almost without exeeption, reeeive private patients only; that is, persons who are maintained entirely from private means. As they are managed by a eommittee of gentlemen (and sueh of them as are

situated beyond the metropolitan district are officially visited and inspected quarterly by a committee of justices of the peace annually appointed at quarter sessions), a degree of publicity is given to all proceedings connected with them, which cannot but be gratifying to the friends of those patients who have any fear of the improper detention of their relatives.

Most of these hospitals devote the profits derived from the rich inmates to the general expenses of the institution, and are thus enabled to assist the less wealthy. They therefore maintain many of the poorer patients at a less sum than their actual cost. As each hospital has its own special arrangements, the rules connected with which can be obtained on application, it is unnecessary to allude to them further. There are two, however, in London—Bethlehem and St. Luke's —which offer such advantages to the poor and educated classes, by receiving curable patients, free of all expense, for a period not exceeding twelve months, that they require some notice; and I cannot do better than copy the special instructions which appear on the face of the forms supplied by them.

BETHLEHEM HOSPITAL.

"All poor lunatics, presumed to be curable, are eligible for admission into this hospital, for maintenance and medical treatment, except—

"1. Those who have sufficient means for their suitable maintenance in a private asylum.

"2. Those who have been insane for more than twelve calendar months.

"3. Those who have been discharged uncured from any other hospital for the reception of lunatics.

"4. Those who are pregnant.

"5. Those who are in a state of idiotcy, or are afflicted with any form of paralysis, or are subject to epileptic or convulsive fits.

"6. Those whose condition threatens speedy dissolution of life, or requires the permanent and exclusive attendance of a nurse.

"7. Those whom disease or physical infirmity renders unfit to associate with other patients.

"N.B. A preference will be given to patients of the educated classes; to secure accommodation for whom, no patient will be received who is a proper object for admission into a County Lunatic Asylum."

SAINT LUKE'S HOSPITAL.

The first five rules above quoted also apply to this hospital. The remaining objections—

"6. Being under the age of 12, or above 70 years.

"7. Being brought in a state of infectious disease, or extreme debility, or in a dirty condition, or without a proper supply of clothing.

"8. Being in receipt of parochial relief or alms from his or her parish."

There are other rules as to securities for the removal of the patient when called upon, the supply of clothing, &c., which are easily complied with.

County Asylums receive those patients only who are sent to them through a parish, and are consequently pauper asylums; though a few of them admit persons in humble circumstances for a small weekly payment, but without making any other distinction from the other inmates.

Private Asylums differ chiefly in being under the entire direction and control of the proprietor or superintendent, who is not hampered by the formal rules which must exist in all public institutions; and whilst the arrangements are more like those of a private family,

they offer a greater degree of privacy to those who do not wish it to be generally known that they have a relative insane. All asylums are subject to strict official inspection, and in this respect are much upon a par. Those situated within the metropolitan district derive much advantage from being specially under the supervision of the Commissioners in Lunacy—a body of gentlemen whose general experience, from careful comparison of the different modes of treatment and arrangement of asylums which are brought before them during their official visits to the various asylums in the kingdom, gives them a qualification to advise and direct which is possessed by no other body of asylum visitors.

Private asylums also offer greater facilities for the visitation of friends, one of the best safeguards against neglect or ill-treatment of patients. On this point I have to remark, that patients who are not dangerous should always be seen alone, that they may have every opportunity afforded them of stating unreservedly any grievance or complaint. If these appear to interfere with the comfort of the patient, the friend ought not to leave the establishment without ascertaining their validity by communicating with those in autho-

rity. Patients often make unfounded charges, and exaggerate and distort ordinary or trifling occurrences, for the purpose of acting upon the feelings of the friends, in order to effect their liberation, as indeed I have known them to confess; or the charges may be made to annoy or get rid of an attendant to whom they may have taken a dislike. Yet, if complaints are really founded on fact, the sooner they are known the better.

ON THE FORMS OF ADMISSION TO ASYLUMS.

As very few of the certificates which are brought with private patients are throughout correctly filled up, and as they have been pronounced to be illegal if even those particulars which might be deemed of no importance are not properly attended to, the following observations may be useful:—

No person not a pauper can be received into any asylum or licensed house without the authority of some person, together with two medical certificates of insanity in the following form. These certificates need not be filled up, signed, and dated on the day of examination; but the examination of the patient must be made, in every case, within seven clear days before admission.

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

I, the undersigned, hereby request you to receive a [1] as a Patient into your house. Subjoined is a Statement respecting the said

[1] Lunatic, *or* an idiot, *or* a person of unsound mind

Signed, *Name*

Occupation (if any),

Place of Abode,

Degree of Relationship (if any), or other circumstances of connexion with the Patient

Dated the Day of 186

MESSRS. WARBURTON & Co.,
Proprietors of Bethnall House Asylum.

STATEMENT.

If any Particulars in this Statement be not known, the Fact to be so stated.

Name of Patient, with Christian Name at length .....
Sex and Age .....
Married, Single, or Widowed.....
Condition of Life, and previous Occupation (if any) .....
The Religious Persuasion, as far as known .....
Previous Place of Abode.....
Whether First Attack.....
Age (if known) on First Attack.....
When and Where previously under Care and Treatment ...
Duration of existing Attack .....
Supposed Cause .....
Any relation afflicted with Insanity; if so, state relationship
Whether subject to Epilepsy .....
Whether Suicidal .....
Whether dangerous to others .....
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition .....
Special Circumstances (if any) preventing the Patient being examined before Admission, separately by Two Medical Practitioners.....

[2] *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, Name, [2]

Occupation (if any),

Place of Abode,

Degree of Relationship (if any) or other circumstances of connexion with the Patient

FIRST MEDICAL CERTIFICATE.

I, the undersigned, being a(1) and being in actual practice as a(2) hereby Certify, that I, on the day of 186 , at(3) , in the County of , separately from any other Medical Practitioner, personally examined of(4) and that the said is a(5) and a proper Person to be taken charge of, and detained under care and treatment: and that I have formed this opinion upon the following grounds, viz.:—1. *Facts indicating Insanity, observed by myself,*—

2. *Other facts (if any) indicating Insanity, communicated to me by others,*—

(Signed)

Place of Abode,

Dated this day of 186 .

(1) Here set forth the qualification entitling the Person certifying to practise as a Physician, Surgeon, or Apothecary, ex. gra. *being a Fellow of the Royal College of Physicians in London.*

(2) Physician, Surgeon, or Apothecary, as the case may be.

(3) Here insert the Street and No. of the house (if any), or other like particulars.

(4) Insert Residence and Profession or occupation, if any.

(5) Lunatic, *or* Idiot, *or* Person of unsound mind.

Here state the facts.

Here state the information, and from whom.

SECOND MEDICAL CERTIFICATE.

I, the undersigned, being a (1) and being in actual practice as a (2) hereby Certify, that I, on the day of 186 , at (3) , in the County of , separately from any other Medical Practitioner, personally examined of (4) and that the said is a (5) and a proper Person to be taken charge of, and detained under care and treatment: and that I have formed this opinion upon the following grounds, viz:—1. *Facts indicating Insanity, observed by myself,*—

2. *Other facts (if any) indicating Insanity, communicated to me by others,*—

(Signed)

Place of Abode,

Dated this day of 186 .

(1) Here set forth the qualification entitling the Person certifying to practise as a Physician, Surgeon, or Apothecary, ex. gra. *being a Fellow of the Royal College of Physicians in London.*

(2) Physician, Surgeon, or Apothecary, as the case may be.

(3) Here insert the Street and No. of the house (if any), or other like particulars.

(4) Insert Residence and Profession or occupation, if any.

(5) Lunatic, *or* Idiot, *or* Person of unsound mind.

Here state the facts.

Here state the information, and from whom.

ON THE ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

This order is usually signed by the nearest relative of the patients, or by the person who is responsible for their maintenance. The blank spaces, together with the queries in the "statement," are of so simple a character that it is unnecessary to give any directions with reference to them, except to observe that when a reply is not known, it should be so stated, instead of being left unanswered; the last query, "special circumstances, &c.," is to permit the reception of a patient on one medical certificate in a case of emergency only. This so rarely occurs as to be seldom acted on; and it is as well—for it involves a subsequent examination by two other medical men within three days of such reception.

MEDICAL CERTIFICATES.

The law requires that the medical men who sign these "shall not be in partnership with or assistant to the other;" also that

No medical man who (or whose father, brother, son, partner, or assistant,)

- is interested in an asylum shall sign the medical certificate for the admission of a patient into that asylum.
- shall have signed the order for the reception of a patient into an asylum, shall sign the certificate at all.
- shall have signed the certificate of a patient, shall take charge of such patient, or by his servants or agents, or be the regular medical attendant of such patient, whilst under care or charge under such certificate.

The medical certificate can only be signed by members of the profession who are duly registered as such.

The following observations apply equally to the certificates required for the asylums in Scotland, the form in that country differing from the English only in one unimportant particular.

It might be supposed that the marginal directions in the printed form of medical certificate were clear enough; and, if carefully read

over, no doubt are so. Yet, in practice, mistakes constantly occur in filling up the blank spaces, the chief errors being:—

1st. A neglect in stating the qualification which empowers the medical practitioner to practise.

It is not unusual for the blank spaces to be filled up with the words, "physician," "surgeon," or "apothecary," instead of inserting the *qualification* which enables him to practise in these capacities.

2nd. Omitting the address of the house at which the examination was made.

It has been decided that this omission renders the certificate illegal. If there be no number to the house, it will be correct and enough to state, "at the dwelling-house of
in street, village," &c.

3rd. Omitting the address and occupation of the party examined.

In nine cases out of ten, an omission of one of these three simple and obvious particulars occurs—a carelessness not creditable to the profession, who, no doubt, err from regarding them as having no bearing whatever on the sanity or insanity of the patient.

The next point—viz., "Facts indicating insanity observed by myself,"—is one of the

greatest importance, and depends entirely on the observation of the medical man. The manner, however, in which the facts are usually narrated shows much misapprehension on this head. Yet a moment's reflection would show what is really required—viz., a statement of facts observed by the medical man himself, which would carry conviction to the mind of any one reading it, that the person to whom it referred must be of unsound mind. He should at all times avoid giving as a fact indicating insanity, any delusion which might in reality be founded in truth.

I think I shall best illustrate this point by giving a series of "Facts" taken from certificates of patients who have been brought to this asylum;—some of them affording no evidence whatever that the person to whom they refer is of unsound mind; others vague or irrelevant; and, lastly, those which are quite satisfactory. But before doing so, I must just allude to another point connected with the certificates under the heading, "Other facts (if any) indicating insanity, communicated by others." And on this I would observe, that although these facts cannot be made to supersede those observed by the medical man himself, they may be of vast importance to the

medical officer of the asylum, by informing him of any propensity the patient may have shown as to suicide, and the mode in which it has been attempted; of violence; of dirty, destructive, indecent, or immoral habits, &c.

FACTS INDICATING INSANITY AS STATED TO HAVE BEEN OBSERVED BY THE MEDICAL MAN HIMSELF.

1.—*Those which offer no evidence whatever that the person to whom they refer is of unsound mind.**

"Refuses to take her medicine, and resists in every way; closes her teeth, and threatens to strike any one near her; obliged to use the strait-waistcoat."

"Violent in her temper and very abusive."

"She refuses to answer questions as to where she lives; her memory is much impaired; she is weak; and has an appearance of imbecility."

"He is very bad tempered; and imagines he is coming into some property."

"Look and manner indicate imbecility; memory very defective; can give but little

* These were of course all sent back to be amended.

account of himself; does not know his own age."

"He has a suspicious, dangerous, suicidal eye; he evidences in his appearance cerebral mischief."

"Great excitability from religious delusions."

"Moody, irritable temperament, and of weak memory in many particulars."

"General conduct for the last three months; sleeping on the coffin of his wife three months ago; general obstinacy and delusions of various kinds; extreme excitement at times; this day he appears much more rational and quiet."

"She has an insane appearance, and wanders about apparently without object; she is anasarcous."

"An insane appearance; loss of memory; she is subject to epilepsy; has been under my care for some time, and has never until yesterday been in any way violent or troublesome."

"He imagines he has no other clothes to put on besides his present habiliments; he imagines he is about to come into some property."

2.—*Vague and Irrelevant Facts.*

"Obstinate; has the manner and appearance

of an insane person ; complained of her head ; refused her food ; and would not go down stairs ; melancholy."

"She states she had a child which is dead, but which is now living."

"She is suspicious of her husband without cause ; says he keeps bad company ; she is most irritable and jealous, and takes stimulating drinks to a dangerous and exciting extent.

"His countenance is expressive of great anxiety and restlessness ; his pulse exceedingly feeble—he appears to have been bled ; he says all the public-houses in London belong to him ; also that he is going to marry the Queen."

"She is very good tempered, but day and night she talks almost incessantly, occasionally sings ; she says she comes from Otaheite, and relates stories of those around her doing absurd things."

"This patient has old bronchitis, and is very weak ; her memory is almost lost ; she believes her mother is still alive, and gives me messages to people long since dead ; at times she is noisy and excitable, and is generally very loquacious."

"His unreasonable and inconsistent conversation."

"That, being a married woman, recently confined of her first child, she persists that she is not married, and is under delusions that she has committed some great sin; she is melancholy, seldom speaking when spoken to, and almost totally refusing her food, and constantly attempting to beat herself, requiring to be kept under restraint."

It turned out that this woman was really not married.

"He has imperfect sight, good hearing, and taste; he is unable to speak; his gait is ape-like; and the skull-bones seem so have fallen together, from the want of cerebral development. He will occasionally slap his face and strike his hands, and sometimes make a howling noise."

3.—*Good Facts.*

"That she is in a state of restlessness and excitement, and generally incoherent in her conversation and conduct. Thus, stating her place of abode to be twenty-five miles from Hertford, when it is only two miles; that her doctor resides in Fore-street, Cripplegate, and

goes to Hertford to see her every day, when, in fact, he resides in Hertford, and sees her only now and then; that her uncle farms 3000 acres of land in one farm, besides several others, when, in fact, he farms only 150 acres; and that all her conversation is without rational sequence of ideas, passing rapidly from one thing to another; that, whilst I was conversing with her, she began to undress herself, apparently without purpose."

"She states that she is a lost person, and without hope of forgiveness; that she will be taken to prison, and die a miserable death; that the devil whispers in her ear that she has committed the unpardonable sin."

"From desperate attempts at self-destruction from groundless fears of poverty."

"From the delusion that all the food brought to her is poisoned, and refusing to take any; that she has cats and dogs in her stomach and about her room, and expressing a desire to commit suicide."

"Great taciturnity; complete seclusion from society; aversion to cleanliness, and having no fixed ideas about anything; wandering about the streets at improper hours."

Of an Old Man aged 83.—"Mental and

moral incapacity, and perverted feeling and views with regard to women and female children; personal habits uncleanly and slothful."

"Inability to hold any rational conversation; her manner and conduct totally at variance with her usual habits."

"He states that he is a Prince of France; that he possesses a palace. and has recently had two fortunes left him—one of 400,000*l.* the other of 600,000*l.*; that he is going to Liverpool, a distance of 160 miles, with a horse and cart, which will take him four hours to go, and eight to return."

"From his being subject to epileptic attacks, followed by incoherence, and occasionally uncontrollable violence."

"He is incapable of judging between right and wrong; and is in such a state of mental debility, that he does not recognise persons who are closely related to him, and who have recently been with him."

"Violent excitement, with rapid, incoherent, and obscene speech."

"That she is outrageous in her conduct and incoherent in her statements; when questioning her upon rational subjects, she im-

mediately beeame very violent, rushing down stairs in a state almost of nudity, and locking herself up in the coal-eellar."

"He faneies himself to be a large shipowner, and offers those about him the eommand of his ship; he is also incoherent and violent."

"A general restlessness and perturbed manner. When asked to sit down, he says, 'I ean't sit down; to put out his tongue, 'I ean't put out my tongue;' if he eats his food, he replies, 'he can't eat food; he can't swallow; that he has no throat; that he never eats anything; that his feet are broken, and his hips are broken; that he is altogether broken.' He lies in bed, and when asked to get up, he says, 'I can't get up;'—all of which sayings are delusions, and not true. He does get up, and he does sit down; and he does eat, drink, and sleep; and his feet are not broken; nor has he received any injury to his ribs or hips."

The concluding remarks of Dr. Bueknill, in an excellent artiele on this subjeet published in No. 35 of the "Journal of Mental Seience," are so appropriate, that I eannot do better than adopt them. He says:—

"In eonelusion, permit me to remind you,

that in filling up these certificates, the medical man ought not to lose sight of the possibility that he may be called upon, at some future period, to explain every word he has used, in a court of law; and that towards medical witnesses the hearts of barristers are as the nether millstone. The acceptance of a certificate by the Commissioners in Lunacy affords no protection to the unlucky wight whose errors of assertion or omission come to be tested in the crucible of cross-examination. To adduce a well-known example from a trial which not long since attracted largely the attention of the public:—one of the medical men certifying to the insanity of a gentleman who was at that time undoubtedly insane, had stated as facts *observed by himself*, that, 'His (that is, the patient's) habits were intemperate, and that he had squandered his property in mining speculations.' But in the Court of Queen's Bench he was obliged to confess, that the only act of intemperance he had actually observed, was the patient's drinking one glass of beer; and that the squandering of property was the loss of what was to him a mere trifle, in a mining speculation which eventually turned out to be a very good one. Let no

medical man, therefore, fill up a certificate of insanity without picturing to himself the potentiality of a severe cross-examination in a court of law—a liability not unjust, though by no means agreeable; since the proper filling up of half a sheet of paper which may deprive a man of liberty, perhaps for life, is a professional act of which the importance cannot well be over-estimated."

APPENDIX.

A.

PROVISIONS OF THE LAW AS TO SINGLE PATIENTS, COPIED FROM THE INSTRUCTIONS ISSUED BY THE COMMISSIONERS IN LUNACY.

No person deriving profit from the charge can receive into any house, or take care or charge of, a patient as a lunatic or alleged lunatic, without an order, and two medical certificates.

Within seven days after receiving a patient, true copies of the order and certificates, together with a statement of the date of reception, and of the situation and designation of the house into which the patient has been received, as well as of the Christian and surname of the owner or occupier thereof, must be forwarded to the office of the Commissioners in Lunacy, No. 19, Whitehall-place, London.

The certificates must not be signed by any person who derives profit from the care or

charge of the patient; nor by the father, brother, son, partner, or assistant, of the person having sueh eare or eharge.

The patient must be visited, at least once in two weeks, by a physieian, surgeon, or apotheeary, who did not sign either of the certificates of insanity, and who derives no profit, and who is not a partner, father, son, or brother, of any person deriving profit from the care or eharge of the patient.

Such medical man must at each visit enter in a book, to be kept at the house, and to be ealled the Medical Visitation Book, a statement of the eondition of the patient's health, both mental and bodily, and also of the eondition of the house.

These visits may, by special permission of the Commissioners in Lunacy, be made less frequently than once a fortnight; but in sueh ease, where the patient is under the eare or eharge of a medical man, such medical man must himself make a fortnightly entry in the medical journal.

Every physician, surgeon, or apothecary, who visits a single patient, or under whose eare a single patient may be, must, on the 10th of January, or within seven days thereof,

in every year, report in writing to the Commissioners the state of health, mental and bodily, of the patient, and such other circumstances as he may deem necessary to be communicated.

The medical journal, and the order and certificates, must be so kept that they may be accessible to the Commissioners whenever they may visit the house.

Notice must be forwarded to the office of the Commissioners in case of the death, discharge, removal, escape, and recapture of a patient: and in case of removal, the exact address and designation of the house must be specified.

If the patient is proposed to be removed to the care or charge of another person, consent to an order of transfer must previously be obtained from the Commissioners, otherwise a fresh order and certificates will be necessary.

When any person having the care of a single patient proposes to change his residence, and remove the patient to such new residence, seven clear days' notice of the proposed change must be sent to the Commissioners, and also to the person who signed the order for the reception of the patient. If it should be desired

to give the patient liberty of absence anywhere, for a definite time, for improvement of his health, or for a trial of his powers of self-control, the consent of the Commissioners must first be obtained.

The attention of every person having charge of a single patient is specially drawn to the concluding paragraphs of the 90th section of the 8 and 9 Vict. c. 100, by which he will see, that if he shall receive a patient without a proper order and certificates; or if, having such certificate, he neglect to transmit copies to the Commissioners in Lunacy; or if he fail to cause such patient to be visited fortnightly by a medical man (not disqualified as above); or if he make any untrue entry in the Medical Visitation Book, he shall be guilty of a misdemeanor.

B.

REMOVAL OR TRANSFER OF PATIENTS.

Private patients may be transferred from any asylum, hospital, or licensed house, to another, or to the care of any person, by order of the person having authority to discharge

such patient, with the written consent of two of the Commissioners in Lunacy, without the necessity of fresh certificates. With the like consent, the recommendation of the Medical Superintendent of the Asylum, and the approval of the person who signed the order, or of the person who made the last payment on behalf of the patients, they may be taken to any specified place for any definite time, for the benefit of their health, the certificates remaining in force during that time.

C.

WANDERING LUNATICS, AND LUNATICS NOT UNDER PROPER CARE AND CONTROL, OR WHO ARE ILL-TREATED BY THEIR FRIENDS.

The constable, relieving officer, and overseer of any parish are required, under a penalty, to apprehend any wandering lunatic, and take him before a justice of the peace: they are also under the same penalty to give information, upon oath, to a justice, if they know of any person, deemed to be a lunatic, not under proper care and control, or who is

cruelly treated or neglected by any relative or person having the care of him; and *any* person may give information, upon oath, to a justice, in either of the above cases, who will deal with such cases as the law directs.

This enactment enables a medical man to secure proper care for his patients in a county asylum, if they have not the means to bear the expense of a private one.

D.

FORMS OF CERTIFICATES FOR ADMISSION OF PATIENTS INTO PRIVATE ASYLUMS IN SCOTLAND.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Asylum.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the(1) *of the*(2) *of and his Substitutes,—*

The Petition of humbly showeth, that it appears from the annexed Statement and accompanying Medical Certificates, that is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane.

May it therefore please your Lordship to authorize the transmission of the said to the Asylum for the Insane, and to sanction admission into the said Asylum.

Signed

Dated this (3)day of 186 .

(3) *The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.*

STATEMENT.

If any Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length...
2. Sex and Age ... ...
3. Married, Single, or Widowed... ... ...
4. Condition of Life, and previous Occupation (if any)
5. Religious Persuasion, so far as known ... ...
6. Previous Place of Abode ... ...
7. Place where Found and Examined ... ...
8. Length of time Insane ... ...
9. Whether first Attack ... ...
10. Age (if known) on first Attack ... ...
11. When and where previously under Examination and Treatment ... ...
12. Duration of existing Attack ... ...
13. Supposed Cause ... ...
14. Whether subject to Epilepsy ... ...
15. Whether Suicidal ... ...
16. Whether dangerous to others ... ...
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable ... ...
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane ... ...
19. Special circumstances (if any) preventing the insertion of any of the above particulars ... ...

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(* To be signed by the Party applying.) Name*

Dated this day of 186 .

MEDICAL CERTIFICATE.—No. 1.

I, the undersigned,
being a (1)
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3)
in the County of
separately from any other Medical Practitioner, visited and personally examined (4)
and that the said is a (5)
and a proper Person to be detained under care and treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(Signed) *Name and Medical Designation,*
Place of Abode,

Dated this day of 186 .

(1) *Set forth the qualification entitling the person certifying to grant the Certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician *or* Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE.—No. 2.

I, the undersigned,
being a (1)
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3)
in the County of
separately from any other Medical Practitioner, visited and personally examined (4)
and that the said is a (5)
and a proper Person to be detained under care and treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(Signed) *Name and Medical Designation.*
Place of Abode,

Dated this day of 186 .

(1) *Set forth the qualification entitling the person certifying to grant the Certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician *or* Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that is a (1) hereby certify, that the case of the said is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

(1) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

Name,
Place of Abode,
Dated this day of 186 .

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE PATIENT.

I, (1) of the (2) having had produced to me, with a Petition at the instance of (3) . Certificates under the hands of and , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) and that the said is a (5) and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said as a Patient into the Asylum for the Insane, and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the Petition.

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, *or* Steward-Substitute.

(2) *State whether a* County *or* Stewartry

(3) *Insert Name and Designation.*

(4) *Describe him, and if a Pauper, state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(Signed)
Dated this day of 186 .
To the Medical Superintendent of the Asylum for the Insane.

E.

FORM AND CERTIFICATES REQUIRED FOR THE ADMISSION OF PRIVATE PATIENTS INTO LICENSED HOUSES IN IRELAND.

Statement and Order to be annexed to the Medical Certificate authorizing the Reception of an Insane Person.

The Patient's true Christian and Surname at full length .....

The Patient's Age .....

Married or Single .....

The Patient's previous Occupation (if any) .....

The Patient's previous Place of Abode .....

The Licensed House or other Place (if any) in which the Patient was before confined .....

Whether found Lunatic by Inquisition, and Date of Commission .....

Special Circumstance which shall prevent the Patient being separately examined by Two Medical Practitioners .....

Special Circumstances which exist to prevent the Insertion of any of the above Particulars ...

Sir,—Upon the authority of the above Statement, and the annexed Medical Certificates, I request you will receive the said as a Patient into your House.

I am, Sir,

Your obedient Servant,

Name

Occupation (if any)

Place of Abode

Degree of Relationship (if any) to the Insane Person

To Mr.

Proprietor of

FORM OF MEDICAL CERTIFICATE.

No. 1.

I, the undersigned, hereby Certify, That I separately visited and personally examined
the Person named in the annexed Statement and Order, on the day of One Thousand Eight Hundred and and that the said
is of unsound Mind, and a proper Person to be confined.

(Signed)

Name

Physician, Surgeon, *or* Apothecary

Place of Abode

FORM OF MEDICAL CERTIFICATE.

No. 2.

I, the undersigned, hereby Certify, That I separately visited and personally examined
the Person named in the annexed Statement and Order, on the day of One Thousand Eight Hundred and . and that the said
is of unsound Mind, and a proper Person to be confined.

(Signed)

Name

Physician, Surgeon, *or* Apothecary

Place of Abode

F.

Form of Certificates for the Admission of Patients into the BELFAST DISTRICT HOSPITAL for the INSANE POOR of the Counties of Antrim, Down, and County of the Town of Carrickfergus.

Instructions to be particularly attended to:—

1st.—That no Patient can be admitted until the printed Form has been duly filled up, and transmitted to the Resident Physician, for the Board of Governors' approval, on or before the first Monday of the month; and, further, IT IS ESPECIALLY TO BE OBSERVED, that no Patient is to be sent to the Institution, under any circumstances, until regular notice has been received by the Sureties that there is a vacancy.

2nd —That the Governors require, that the Sureties to the "Bond of Removal" (See "Form" No. VI., page 105) shall be gentlemen residing in the neighbourhood of the Patient, or otherwise of well-known local respectability (whose address must be fully given); for, should marksmen, or other unsuitable parties, or the relatives of the Patient, act as such, the form of Admission will be considered imperfect, and set aside accordingly.

3rd.—That as many unfit cases have, from time to time, been sent to the Institution, particularly of persons *far advanced in life*, whose mental malady partook rather of the character of imbecility of mind than dangerous lunacy, and the chronic nature of which gave no hope of cure from a residence therein, the Governors, therefore, in order to prevent the multiplication of such, which prove a permanent burthen on the establishment, to the exclusion of proper cases, will require a strict adherence to the *letter* and *spirit* of the Medical Certificate, that the persons recommended are *dangerous* lunatics, and likely, in the opinion of the Practitioner certifying, to derive benefit from being placed in the Hospital; otherwise, cases erroneously recommended will be *immediately dismissed.*

4th.—That the certifying Practitioner is requested to fill up the *last five* Queries in Form No. IV., page 103.

5th.—That all letters and other communications on the business of the Institution be addressed (free of postage) to the Resident Physician.

By order,

ROBERT STEWART, M.D.,

Resident Physician.

AFFIDAVIT.

FORM No. 1.

County of } of
to wit. } came before me, this day, and made oath on the Holy Evangelists, that, to the best of knowledge and belief of in the county of has for some time past been in a state of insanity and mental derangement, and that the said is a poor person, and has no friend who will support in a private Establishment for the Insane, and that has been a resident of the said County of for the last years.

Sworn before me, at this day of 186 .

J. P.

{ The name (or mark, as the case may be) of the person making the affidavit, is to be signed in this space, in presence of the Magistrate.

MEDICAL CERTIFICATE OF PHYSICIAN OR SURGEON.

FORM No. 2.

N.B.—The attention of the certifying Practitioner is particularly directed to "Instructions" 3 and 4, on p. 100.)

I Certify that whom I have visited, is now and has been in a state of insanity for the last ; and I am of opinion that there is danger in allowing to be at liberty ; and that is a fit subject for, and likely to derive benefit from being placed in, "The Belfast District Hospital for the Insane," and is not labouring under bodily disease or debility, such as to render removal unsafe, or to indicate the near approach of death.

Given under my hand, at this day of 186 .

Name, and Professional Rank, as Registered according to Law.

CERTIFICATE OF MAGISTRATE, PARISH OR OTHER MINISTER, AND CHURCHWARDEN.

FORM No. III.

WE Certify, that we have inquired into the case of

who has resided in the Parish of

in the County of for the last

years; that we do believe to be a dangerous lunatic, and a poor person, and would recommend as a fit subject for the "Belfast District Hospital for the Insane."

Given under our hands, at this

day of 186

J. P., County of

Minister of

Churchwarden of

QUERIES RELATIVE TO THE PATIENT FOR WHOM ADMISSION IS SOUGHT.

FORM No. 4.

(*See "Instruction" No. 4, Page* 100.)

Age.	
Religion.	
Place of Birth.	
Place of Abode before Admission.	
Married or single, widower or widow, and number of children, if any.	
Previous Occupation.	
Degree of Education.	
How has the disease manifested itself; what the particular propensities and errors of judgment, with the supposed immediately exciting cause.	
How long ill; any previous attacks; and age when first attacked; if noisy at night, or sleepless.	
Any hereditary tendency—species of disease; and if complicated with Epilepsy, Paralysis, or otherwise.	
Present condition of general bodily health; if the subject of any Surgical disease, and of what nature.	
Any attempt to injure self or others, and how; if destructively disposed as to clothing, or in any other respect; personal habits, whether cleanly or otherwise.	

NAMES, &c., OF THE TWO NEXT OF KIN TO THE PATIENT.

FORM No. 5.

NAME.	PLACE OF ABODE. If in Belfast, state Street & Number.	POST-TOWN.	DEGREE OF RELATIONSHIP.

REMOVAL BOND.

FORM No. 6.

(See "INSTRUCTION" No. 2, page 100.)

Know all Men by these Presents, that We of Post-town of in the County of and of Post-town of in the County of are held and firmly bound to our Sovereign Lady VICTORIA I. by the Grace of God, of the United Kingdom of Great Britain and Ireland, Queen, Defender of the Faith, her Heirs and Successors, in the sum of *Ten Pounds* sterling, of good and lawful money of Great Britain and Ireland, to be paid to her said Majesty, her Heirs and Successors, for the true payment of which said sum we do bind ourselves, our Heirs, Executors, and Administrators, and every of them, firmly by these presents. Sealed with our Seal, and dated this day of in the year of our Lord 186 .

Whereas of in the County of hath been admitted a Patient into the Belfast District Hospital for the Insane, according to the rules and regulations in force for the reception of insane persons therein; and whereas it is expedient and necessary that said should be withdrawn and removed from said Hospital, and delivered over to the care of friends, at such time and so soon as shall have recovered from insanity, or shall be deemed harmless: Now, the condition of this obligation is such, that if the said shall, within the space of *one week* next after it shall have been notified to us, our Heirs, Executors, or Administrators, by the Resident Physician of said Hospital, or other proper Officer or person belonging to said Hospital, that hath recovered from insanity, or is deemed harmless, be withdrawn and removed from such Hospital, and delivered over to friends, then this obligation shall be void and of none effect; otherwise, to remain in full force and virtue in law.

1st Surety—Name and Occupation Seal.

Address

2nd Surety—Name and Occupation Seal.

Address

Signed, Sealed, and Delivered before me, at this day of 186

J. P., Co. of

ADMITTED.

CHAIRMAN.

Board-Room.

day of 186

LONDON:
SAVILL AND EDWARDS, PRINTERS,
CHANDOS STREET.

myself – "Remarkable restlessness, fractur
and despondency" deemed sufficient